

## PART B - FEE(S) TRANSMITTAL



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02/25/2004

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Deidra feil (Depositor's name)

(Signature)

May 24, 2004 (Date)

ſ	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
•	10/092.185	03/06/2002	Raymond I Beffa	3037 10US (95-1074 10)	1655	

TITLE OF INVENTION: METHOD FOR SORTING INTEGRATED CIRCUIT DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S)	DUE DATE DUE
nonprovisional NO		\$1330		\$300	\$1630	05/25/2004
EXA	MINER	ART UN	IT	CLASS-SUBCLASS	7	
RODRIGUEZ, JOSEPH C		3653		209-573000		
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  U Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			1_TraskBritt 23

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micron Technology, Inc.

Boise, Idaho

Please check the appropriate assignee ca	ategory or categories (will not be p	printed on the patent);	<b>山</b> individual	☑ corporation or other private group entity	<b>□</b> government
4a. The following fee(s) are enclosed:		4b. Payment of Fee(s):	· ·		
☑ Issue Fee	·	A check in the amount of the fee(s) is enclosed.			
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🛚 Advance Order - # of Copies	5	The Director is her Deposit Account Num	eby authorized ber 20-14	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).

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(Authorized Signature)	(Date)
James R. Dusga	
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05/27/2004 MBERHE1 00000173 10092185

01 FC:1501 1330.00 OP 02 FC:1504 300.00 OP 03 FC:8001 15.00 OP